

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

ADDRESS (number and street) ▼

8700 West Bryn Mawr

Suite 1200S

☐ Check if different than previously reported. (ACC)

Chicago

IL

60631-3512

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00066472

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☒ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
10 01 2015 10 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer June T. Holmes

Signature of Treasurer

June T. Holmes

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 16 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">120226.21</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">130617.37</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49428.52</span>	<span style="border: 1px solid black; padding: 2px;">430578.08</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">180045.89</span>	<span style="border: 1px solid black; padding: 2px;">550804.29</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">55029.76</span>	<span style="border: 1px solid black; padding: 2px;">425788.16</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">125016.13</span>	<span style="border: 1px solid black; padding: 2px;">125016.13</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	44654.18	310186.63
(ii) Unitemized .....	4444.58	65423.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	49098.76	375610.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	47500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49098.76	423110.32
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	329.76	6092.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1375.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	49428.52	430578.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49428.52	430578.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	329.76	6063.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	329.76	6063.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	403500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	7200.00	16225.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55029.76	425788.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55029.76	425788.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49098.76	423110.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49098.76	423110.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	329.76	6063.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	329.76	6092.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	-29.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Paul Acevedo**

Mailing Address 3055 Oak Rd

City

Walnut Creek

State

CA

Zip Code

94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

**Transaction ID : 5430F766ADBC47C18004**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Ann M. Balashaitis**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Strategy and Planning Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101613756-3**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Kristina Baldwin**Mailing Address 90 S Swan St  
Ste 400

City

Albany

State

NY

Zip Code

12210-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

**Transaction ID : 2015101517917-1**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kristina Baldwin**

Mailing Address 90 S Swan St  
Ste 400

City Albany State NY Zip Code 12210-2105

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 2015102918744-1

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. John Barbagallo**

Mailing Address 747 Alpha Dr

City Highland Heights State OH Zip Code 44143-2124

FEC ID number of contributing federal political committee.

C

Name of Employer

Progressive Insurance Group

Occupation

President, Commercial Lines Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 29 / 2015

Transaction ID : A3D9ED1F02E949A78F26

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Wayne F. Berner**

Mailing Address 518 E Broad St

City Columbus State OH Zip Code 43215-3901

FEC ID number of contributing federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 30 / 2015

Transaction ID : 2015102919743-3

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1065.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

A. Paul C. Blume

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, State Governmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

Transaction ID : 2015101517917-3

Amount of Each Receipt this Period

82.00

Full Name (Last, First, Middle Initial)

B. Paul C. Blume

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, State Governmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

Transaction ID : 6605D6E20C0342BF97C4

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Paul C. Blume

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, State Governmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : 109B34CE1B83467EB538

Amount of Each Receipt this Period

2900.00

Refund of \$8 on 11/6/2015

SUBTOTAL of Receipts This Page (optional)..... ►

3282.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Briggs**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Director, Political Engagement - State

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2015

Transaction ID : 2015101517917-4

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Bill Briggs**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Director, Political Engagement - State

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 2015102918744-3

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Stephen Broadie**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Financial Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2015

Transaction ID : 2015101517917-6

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Stephen Broadie**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City	State	Zip Code
Chicago	IL	60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Financial Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-4**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Keith E. Brownfield**Mailing Address 210 S Winchester Ave  
Ste 425

City	State	Zip Code
Miles City	MT	59301-4757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Victory Insurance Company, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 3EB62F60410640CD878F**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Jerry W. Brumfield**Mailing Address 700 W 47th St  
Ste 350

City	State	Zip Code
Kansas City	MO	64112-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockhill Insurance Company

Occupation

Vice President - Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : 20151007152444-5**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2545.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Jerry W. Brumfield**Mailing Address 700 W 47th St  
Ste 350

City	State	Zip Code
Kansas City	MO	64112-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockhill Insurance Company

Occupation

Vice President - Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101612821-5**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jerry W. Brumfield**Mailing Address 700 W 47th St  
Ste 350

City	State	Zip Code
Kansas City	MO	64112-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockhill Insurance Company

Occupation

Vice President - Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : 2015102919743-5**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Leon Buck**Mailing Address 444 N Capitol St NW  
Ste 801

City	State	Zip Code
Washington	DC	20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Assistant Vice President, Federal Gove

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : 2015101517917-7**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 111  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Leon Buck**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Assistant Vice President, Federal Gove

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102918744-5**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Pamela A. Burgess**

Mailing Address 26777 Halsted Rd

City Farmington Hills State MI Zip Code 48331-3577

FEC ID number of contributing federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President Strategic Process Desig

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 13 / 2015

**Transaction ID : 2015101318843-1**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Pamela A. Burgess**

Mailing Address 26777 Halsted Rd

City Farmington Hills State MI Zip Code 48331-3577

FEC ID number of contributing federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President Strategic Process Desig

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 15 / 2015

**Transaction ID : 2015101516756-1**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 111  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Diane Burkert**

Mailing Address 3055 Oak Rd

City

Walnut Creek

State

CA

Zip Code

94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 07 / 2015

Transaction ID : DD01676DA45A413E92F6

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Danielle Cagan**

Mailing Address 3055 Oak Rd

City

Walnut Creek

State

CA

Zip Code

94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 02 / 2015

Transaction ID : 4E85C71187C242F5B754

Amount of Each Receipt this Period

480.00

Full Name (Last, First, Middle Initial)

**c. Kelly Campbell**

Mailing Address 1410 N Grant St  
Ste A102

City

Denver

State

CO

Zip Code

80203-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2015

Transaction ID : 2015101517917-9

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kelly Campbell**Mailing Address 1410 N Grant St  
Ste A102

City	State	Zip Code
Denver	CO	80203-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-7**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Patricia Cavanaugh**

Mailing Address 100 Erie Insurance PI

City	State	Zip Code
Erie	PA	16530-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Spouse of Terrence Cavanaugh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : CBB5E0E2568D43448AC1**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark Chenetski**

Mailing Address 518 E Broad St

City	State	Zip Code
Columbus	OH	43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : 20151007152444-7**

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1066.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Mark Chenetski**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**Transaction ID : 2015101612821-7**

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Mark Chenetski**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**Transaction ID : 2015102919743-7**

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. Kevin R. Clary**Mailing Address 5426 Bay Center Dr  
Ste 200

City

Tampa

State

FL

Zip Code

33609-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**Transaction ID : 2015101318843-2**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

62.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kevin R. Clary**Mailing Address 5426 Bay Center Dr  
Ste 200

City	State	Zip Code
Tampa	FL	33609-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure CompaniesOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-2**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Brett L. Clausen**Mailing Address 325 S Higley Rd  
Ste 200

City	State	Zip Code
Gilbert	AZ	85296-4770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FBL Financial GroupOccupation  
Business Unit Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101613756-5**

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**C. Kevin M. Clement**

Mailing Address 26777 Halsted Rd

City	State	Zip Code
Farmington Hills	MI	48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure CompaniesOccupation  
Director, Enterprise Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-3**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

421.12

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kevin M. Clement**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Director, Enterprise Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-3**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Christopher P. Clinton**

Mailing Address 933 E Main St

City

Fremont

State

MI

Zip Code

49412-9750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto Club Group

Occupation

Senior Vice President Commercial Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

**Transaction ID : 60CB1D588CFC4312A36F**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Anne Marie Conron-May**Mailing Address 5426 Bay Center Dr  
Ste 200

City

Tampa

State

FL

Zip Code

33609-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-4**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Anne Marie Conron-May**Mailing Address 5426 Bay Center Dr  
Ste 200

City	State	Zip Code
Tampa	FL	33609-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure CompaniesOccupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-4**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Gregory John Crabb**

Mailing Address 26777 Halsted Rd

City	State	Zip Code
Farmington Hills	MI	48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure CompaniesOccupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-5**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Gregory John Crabb**

Mailing Address 26777 Halsted Rd

City	State	Zip Code
Farmington Hills	MI	48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure CompaniesOccupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-5**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Gregory John Crabb**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 429741AFCAE24B40A840**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Tim Crespin**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Assistant Vice President, Director of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

10 / 02 / 2015

**Transaction ID : 20151007152444-8**

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

**C. Tim Crespin**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Assistant Vice President, Director of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101612821-8**

Amount of Each Receipt this Period

27.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

504.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Tim Crespín**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Assistant Vice President, Director of

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : 2015102919743-8**

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

**B. Barbara J. Cristea**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-6**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**c. Barbara J. Cristea**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-6**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

127.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Mark O. Davey**Mailing Address 4905 Belfort Rd  
Ste 110

City Jacksonvile State FL Zip Code 32256-6007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stillwater Insurance Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

**Transaction ID : C704C5553853486284E3**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Ann P. DeBellis**

Mailing Address 301 Sullivan Way

City Ewing State NJ Zip Code 08628-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NJM Insurance Group

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : 6071A223D6E8094CC21**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Casey C. Decker**

Mailing Address 5400 University Ave

City West Des Moines State IA Zip Code 50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101613756-6**

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

1312.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael M. Dieterle**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President, Field Marketing &amp; Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-7**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Michael M. Dieterle**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President, Field Marketing &amp; Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-7**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. David M. Dietz**Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City

Bloomington

State

MN

Zip Code

55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Vice President - Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : 20151007152444-11**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

240.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. David M. Dietz**Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City	State	Zip Code
Bloomington	MN	55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Vice President - Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101612821-11**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. David M. Dietz**Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City	State	Zip Code
Bloomington	MN	55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Vice President - Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : 2015102919743-11**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**c. Nancy W. Doll**

Mailing Address 5400 University Ave

City	State	Zip Code
West Des Moines	IA	50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Director, Advertising and Public Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101613756-7**

Amount of Each Receipt this Period

55.56

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.56

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. B. J. Donaldson**

Mailing Address 7420 Fish Pond Rd

City

Waco

State

TX

Zip Code

76710-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Vice President, Underwriting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

**Transaction ID : 201510061780-1**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**B. Vincent T. Donnelly**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : 2015100815756-3**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Vincent T. Donnelly**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : 201510231681-3**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

128.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. Bridget Driggs**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Director, Political Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

10 / 14 / 2015

**Transaction ID : 2015101517917-10**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. Bridget Driggs**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Director, Political Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

10 / 28 / 2015

**Transaction ID : 56F3958B84564EF1A964**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Bridget Driggs**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Director, Political Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102918744-8**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. David Dunn**Mailing Address 2970 Clairmont Rd NE  
Ste 1000

City	State	Zip Code
Brookhaven	GA	30329-4422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RLI

Occupation

Vice President, Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : CCE7EDE73089486C8B6F**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Gerardo Espinoza**

Mailing Address 26777 Halsted Rd

City	State	Zip Code
Farmington Hills	MI	48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-8**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Gerardo Espinoza**

Mailing Address 26777 Halsted Rd

City	State	Zip Code
Farmington Hills	MI	48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-8**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

320.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. Armand Feliciano**

Mailing Address 1415 L St  
Ste 670

City State Zip Code  
Sacramento CA 95814-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, ACIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 2015101517917-12**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Armand Feliciano**

Mailing Address 1415 L St  
Ste 670

City State Zip Code  
Sacramento CA 95814-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, ACIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-10**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. William Ferro**

Mailing Address 26777 Halsted Rd

City State Zip Code  
Farmington Hills MI 48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Supervising Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : 2015101318843-9**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. William Ferro**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Supervising Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 15 / 2015

**Transaction ID : 2015101516756-9**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Matthew J. Ford**

Mailing Address 5221 N O Connor Blvd  
Ste 400

City

Irving

State

TX

Zip Code

75039-3711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 13 / 2015

**Transaction ID : 2015101318843-10**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Matthew J. Ford**

Mailing Address 5221 N O Connor Blvd  
Ste 400

City

Irving

State

TX

Zip Code

75039-3711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2015

**Transaction ID : 2015101516756-10**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Mark F. Fox**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President Special Risk

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-11**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mark F. Fox**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President Special Risk

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-11**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Karen S. Fulton**

Mailing Address 125 Pheasant Run

City

Newtown

State

PA

Zip Code

18940-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARI Insurance Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

**Transaction ID : 49F1BFE1188945EE8353**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

340.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Michelle A. Gage**

Mailing Address 344 Route 9W

City  
GlenmontState  
NYZip Code  
12077-2910FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farm Family Insurance Companies

Occupation

Assistant Vice President - Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 2015102915756-2**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kurt D. Gallinger**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President &amp; Counsel - Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-12**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kurt D. Gallinger**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President &amp; Counsel - Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-12**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael F. Gerik**

Mailing Address 7420 Fish Pond Rd

City

Waco

State

TX

Zip Code

76710-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : 201510061780-2**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Michael F. Gerik**

Mailing Address 7420 Fish Pond Rd

City

Waco

State

TX

Zip Code

76710-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

**Transaction ID : 7974503AEC5342F89B9A**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Trey Gillespie**

Mailing Address 1504 San Antonio St

City

Austin

State

TX

Zip Code

78701-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Workers Compensation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : 2015101517917-13**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Trey Gillespie**

Mailing Address 1504 San Antonio St

City

Austin

State

TX

Zip Code

78701-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Workers Compensation

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015
**Transaction ID : 2015102918744-11**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Mathew E. Gleason**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015
**Transaction ID : 2015101613756-8**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Robert Gordon**Mailing Address 444 N Capitol St NW  
Ste 801

City

Washington

State

DC

Zip Code

20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Policy Developm

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015
**Transaction ID : 2015101517917-15**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Gordon**Mailing Address 444 N Capitol St NW  
Ste 801

City	State	Zip Code
Washington	DC	20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Policy Developm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

**Transaction ID : 646ACE8BA3A04DA5A7F7**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Robert Gordon**Mailing Address 444 N Capitol St NW  
Ste 801

City	State	Zip Code
Washington	DC	20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Policy Developm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-13**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Daniel J. Graf**

Mailing Address 26777 Halsted Rd

City	State	Zip Code
Farmington Hills	MI	48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-13**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel J. Graf**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Chief Investment Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-13**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kelly T. Graham**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Vice President - Premium Aud

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-14**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Kelly T. Graham**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Vice President - Premium Aud

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-14**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Ann Gray**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Federal Government Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

10 / 14 / 2015

**Transaction ID : 2015101517917-16**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ann Gray**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Federal Government Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

10 / 28 / 2015

**Transaction ID : 8E891D2E2DBA47428066**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ann Gray**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Federal Government Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102918744-14**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel G. Greteman**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Chief Information Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

388.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101613756-9**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**B. Dennis R. Griffin**Mailing Address 1800 E County Line Rd  
Ste 400

City

Ridgeland

State

MS

Zip Code

39157-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Farm Bureau Casualty Group

Occupation

Senior Vice President - Chief Financia

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : A5C8CF8FE97D2E0F292**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Donald Griffin**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Personal Lines

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

**Transaction ID : 2015101517917-17**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

580.56

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Donald Griffin**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City	State	Zip Code
Chicago	IL	60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-15**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Michael P. Guth**

Mailing Address 800 S Washington St

City	State	Zip Code
Van Wert	OH	45891-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Insurance Companies

Occupation

Senior Vice President-Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

**Transaction ID : B868D16E26E9CB30271**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Alex Hageli**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City	State	Zip Code
Chicago	IL	60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Director, Personal Lines Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : 2015101517917-18**

Amount of Each Receipt this Period

11.43

**SUBTOTAL** of Receipts This Page (optional)..... ►

276.43

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 111  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Alex Hageli**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Director, Personal Lines Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-16**

Amount of Each Receipt this Period

11.43

Full Name (Last, First, Middle Initial)

**B. Lyndell W. Haigood**

Mailing Address PO Box 4148

City State Zip Code  
Wichita Falls TX 76308-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Regional Vice President - Government R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : 20151007152444-14**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lyndell W. Haigood**

Mailing Address PO Box 4148

City State Zip Code  
Wichita Falls TX 76308-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Regional Vice President - Government R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : 2015101612821-14**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

51.43

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Lyndell W. Haigood**

Mailing Address PO Box 4148

City

Wichita Falls

State

TX

Zip Code

76308-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Regional Vice President - Government R

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : 2015102919743-14**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Charles T. Happel**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Senior Field Claim Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

388.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101613756-10**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**C. Thomas E. Hoeg**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

President and Chief Executive Officer,

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-15**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.56

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Thomas E. Hoeg**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

President and Chief Executive Officer,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**Transaction ID : 2015101516756-15**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. June Holmes**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Chief Operating Officer and Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**Transaction ID : 2015101517917-20**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. June Holmes**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Chief Operating Officer and Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**Transaction ID : 2015102918744-18**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

325.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Derek R. Hopper**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

**Transaction ID : 2015100815756-6**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Derek R. Hopper**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

**Transaction ID : 201510231681-6**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. David B. Hostetter**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-16**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. David B. Hostetter**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	5

**Transaction ID : 2015101516756-16**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Claire Howard**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Legal Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	5

**Transaction ID : 2015101517917-21**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Claire Howard**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Legal Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	5

**Transaction ID : 2015102918744-19**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Cynthia M. Hurless**

Mailing Address 800 S Washington St

City

Van Wert

State

OH

Zip Code

45891-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Insurance Companies

Occupation

Vice President - Customer Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

**Transaction ID : C33449401AA2485BA82E**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. John P. Ingersoll**Mailing Address 701 Forest Point Cir  
Ste A

City

Charlotte

State

NC

Zip Code

28273-6631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MetLife Auto &amp; Home

Occupation

Senior Technical Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 0EEABBACD8FA43ED8908**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Steve Ingram Esq.**Mailing Address 1800 E County Line Rd  
Ste 400

City

Ridgeland

State

MS

Zip Code

39157-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Farm Bureau Casualty Group

Occupation

Senior Vice President - Legal and Sec

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : 5D5B25912AA7D944751**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1240.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Micaela Isler**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Assistant Vice President, State Govern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

10 / 14 / 2015

**Transaction ID : 2015101517917-22**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Micaela Isler**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Assistant Vice President, State Govern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102918744-20**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Scott A. Joyner**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 14 / 2015

**Transaction ID : 2015101517917-23**

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Scott A. Joyner**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City	State	Zip Code
Chicago	IL	60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-21**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**B. Joe L. Kaiser**

Mailing Address 5400 University Ave

City	State	Zip Code
West Des Moines	IA	50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Vice President, Crop Insurance &amp; Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101613756-12**

Amount of Each Receipt this Period

53.34

Full Name (Last, First, Middle Initial)

**C. Gerald Karycki**

Mailing Address 301 Sullivan Way

City	State	Zip Code
Ewing	NJ	08628-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NJM Insurance Group

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : 149B1581200A48D0B9BA**

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

348.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Jerry Keating**

Mailing Address 9177 E Mineral Cir

City

Centennial

State

CO

Zip Code

80112-3494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Farm Bureau Mutual Insurance

Occupation

Chief Executive Officer &amp; General Mana

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

**Transaction ID : FDFDBFDA7173392C383**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William D. Kelso**Mailing Address 401 W Fayette Ave  
# 417

City

Springfield

State

IL

Zip Code

62704-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Specialty Risk of America

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

**Transaction ID : F0C4BD5F2359425B9785**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kimberley A. Kemper**

Mailing Address 7420 Fish Pond Rd

City

Waco

State

TX

Zip Code

76710-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Vice President, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

**Transaction ID : 201510061780-3**

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1278.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 47 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kip J. Kobussen**
 Mailing Address 10 E Doty St  
 Ste 701

City	State	Zip Code
Madison	WI	53703-3391

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentry Insurance Group

Occupation

Assistant Vice President, Government A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

**Transaction ID : 93561A8996D044338476**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kevin B. Korte**

Mailing Address 51 Germantown Ct

City	State	Zip Code
Cordova	TN	38018-4269

FEC ID number of contributing federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-17**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kevin B. Korte**

Mailing Address 51 Germantown Ct

City	State	Zip Code
Cordova	TN	38018-4269

FEC ID number of contributing federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Assistant Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-17**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Keith D. Krueger**

Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City State Zip Code  
Bloomington MN 55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Compensation Insurance Compan

Occupation

Chief Operating Officer and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 02 / 2015

**Transaction ID : 20151007152444-20**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Keith D. Krueger**

Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City State Zip Code  
Bloomington MN 55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Compensation Insurance Compan

Occupation

Chief Operating Officer and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101612821-20**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Keith D. Krueger**

Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City State Zip Code  
Bloomington MN 55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Compensation Insurance Compan

Occupation

Chief Operating Officer and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 30 / 2015

**Transaction ID : 2015102919743-20**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Douglas R. Kuiken**

Mailing Address 301 Sullivan Way

City	State	Zip Code
Ewing	NJ	08628-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJM Insurance GroupOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : C96279BEE7D4EC33820**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Gerald F. Ladner**Mailing Address 5918 W Courtyard Dr  
Ste 100

City	State	Zip Code
Austin	TX	78730-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Auto Insurance CompaniesOccupation  
Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : 20151007152444-21**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Gerald F. Ladner**Mailing Address 5918 W Courtyard Dr  
Ste 100

City	State	Zip Code
Austin	TX	78730-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Auto Insurance CompaniesOccupation  
Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101612821-21**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1330.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Gerald F. Ladner**

Mailing Address 5918 W Courtyard Dr  
Ste 100

City State Zip Code  
Austin TX 78730-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Auto Insurance Companies

Occupation  
Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 2015102919743-21**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Theodore Lambert**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PCI

Occupation  
Assistant Vice President, Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 2015101517917-27**

Amount of Each Receipt this Period

18.46

Full Name (Last, First, Middle Initial)

**C. Theodore Lambert**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PCI

Occupation  
Assistant Vice President, Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-25**

Amount of Each Receipt this Period

18.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

101.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert L. Lentz**

Mailing Address 5700 SW 34th St

City

Gainesville

State

FL

Zip Code

32608-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Farm Bureau Group

Occupation

Insurance Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : F8518B6C46E39CC3A9F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David A. Lewsley**Mailing Address 26777 Halsted Rd  
Ste 300

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Supervising Attorney, Staff Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-18**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. David A. Lewsley**Mailing Address 26777 Halsted Rd  
Ste 300

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Supervising Attorney, Staff Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-18**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

290.00

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Tom Litjen**

Mailing Address 444 N Capitol St NW  
Ste 801

City State Zip Code  
Washington DC 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Federal Government Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2015

Transaction ID : 2015101517917-29

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

**B. Tom Litjen**

Mailing Address 444 N Capitol St NW  
Ste 801

City State Zip Code  
Washington DC 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Federal Government Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : 2015102918744-27

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

**C. Perry Liu**

Mailing Address 3055 Oak Rd

City State Zip Code  
Walnut Creek CA 94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : 961FB536E2574665B126

Amount of Each Receipt this Period

480.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

688.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert J. Livingston**

Mailing Address 400 Parsons Pond Dr

City

Franklin Lakes

State

NJ

Zip Code

07417-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western World Insurance Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 3FC6E60530CC4511A907**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Allen Long**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Insurance Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : 2015101516756-19**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Deana L. Lykins**

Mailing Address 700 Horizon Dr

City

Hamilton

State

NJ

Zip Code

08691-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Regional Director and Legislative Coun

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : 0C30B18E180A4A5D8E3D**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1210.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Nicole Mahrt**

Mailing Address 1415 L St  
Ste 670

City State Zip Code  
Sacramento CA 95814-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 2015101517917-31**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nicole Mahrt**

Mailing Address 1415 L St  
Ste 670

City State Zip Code  
Sacramento CA 95814-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-29**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Deirdre Manna**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Political Engagement &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 2015101517917-32**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Deirdre Manna**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Political Engagement &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

Transaction ID : 39311A0D9EC2487E8121

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Deirdre Manna**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Political Engagement &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : 2015102918744-30

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jim McCafferty**

Mailing Address 6600 Aaa Dr

City State Zip Code  
Charlotte NC 28212-8259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAA Carolinas

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : 7001B7D7213446D3AE51

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Timothy L. McCarthy

Mailing Address PO Box 2690

City  
WacoState  
TXZip Code  
76702-2690FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Vice President, Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : 201510061780-4

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. Mark J. McDonnell

Mailing Address 89 State St

City  
MontpelierState  
VTZip Code  
05602-2954FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vermont Mutual Insurance Group

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : 3226B34549D02EDEA3D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Logan McFaddin

Mailing Address 215 S Monroe St  
Ste 720City  
TallahasseeState  
FLZip Code  
32301-1804FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Regional Manager, State Government Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : 2015101517917-33

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

298.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. Logan McFaddin**

Mailing Address 215 S Monroe St  
Ste 720

City State Zip Code  
Tallahassee FL 32301-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Regional Manager, State Government Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102918744-31**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Melissa G. McGrath**

Mailing Address 344 Route 9W

City State Zip Code  
Glenmont NY 12077-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farm Family Insurance Companies

Occupation

Vice President - Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102915756-1**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Tracy A. McManimon**

Mailing Address 301 Sullivan Way

City State Zip Code  
Ewing NJ 08628-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NJM Insurance Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2015

**Transaction ID : C2C07E8F2D39498C8B43**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald L. Mead**

Mailing Address 5225 S 16th St

City  
Lincoln

State  
NE

Zip Code  
68512-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Senior Director of Agencies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.84

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101613756-17**

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**B. S. Keith Moore**

Mailing Address 11605 Haynes Bridge Rd  
Ste 500

City  
Alpharetta

State  
GA

Zip Code  
30009-8667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Insurance Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 08 / 2015

**Transaction ID : 7F6AFD5D54FBFAB7AC3**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. John W. Mullen**

Mailing Address 1281 Murfreesboro Pike

City  
Nashville

State  
TN

Zip Code  
37217-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Direct General Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

10 / 28 / 2015

**Transaction ID : 555EABD164D248D39AA2**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

811.12

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. John W. Mullen

Mailing Address 1281 Murfreesboro Pike

City

Nashville

State

TN

Zip Code

37217-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Direct General Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 4C043646B6CB4967B37D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Robert J. Murray

Mailing Address 301 Sullivan Way

City

Ewing

State

NJ

Zip Code

08628-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NJM Insurance Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 29 / 2015

Transaction ID : 7D18D9F3189C51F06B4

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Steven C. Murray

Mailing Address 5700 SW 34th St

City

Gainesville

State

FL

Zip Code

32608-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Farm Bureau Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2015

Transaction ID : D0C45E014037E0F0080

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1040.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 60 OF 111  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Frank O'Brien**
 Mailing Address 1 State St  
 Ste 1500

 City State Zip Code  
 Boston MA 02109-3542

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 14 2015
**Transaction ID : 2015101517917-37**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Frank O'Brien**
 Mailing Address 1 State St  
 Ste 1500

 City State Zip Code  
 Boston MA 02109-3542

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 29 2015
**Transaction ID : 2015102918744-35**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Joanne M. Orfanos**
 Mailing Address 8700 W Bryn Mawr Ave  
 Ste 1200S

 City State Zip Code  
 Chicago IL 60631-3512

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Membership and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 14 2015
**Transaction ID : 2015101517917-38**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Joanne M. Orfanos**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City	State	Zip Code
Chicago	IL	60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Membership and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 8083F370D87A43638E5E**

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Joanne M. Orfanos**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City	State	Zip Code
Chicago	IL	60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Membership and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-36**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Leo M. Orth Jr.**

Mailing Address 5400 University Ave

City	State	Zip Code
West Des Moines	IA	50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Vice President Research &amp; Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101613756-21**

Amount of Each Receipt this Period

133.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

1083.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 62 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Gregory V. Ostergren**

Mailing Address 1949 E Sunshine St

City

Springfield

State

MO

Zip Code

65804-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American National Property and Casualty

Occupation

Chairman, President and Chief Executiv

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

**Transaction ID : 3497C2574A334ED598CA**

Amount of Each Receipt this Period

1400.00

Full Name (Last, First, Middle Initial)

**B. Rick W. Parks**

Mailing Address 150 Camelot Dr

City

Fond Du Lac

State

WI

Zip Code

54935-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Society Insurance - A Mutual Company

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

**Transaction ID : 4CBCDA67F3C94ED4A0DB**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Rick W. Parks**

Mailing Address 150 Camelot Dr

City

Fond Du Lac

State

WI

Zip Code

54935-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Society Insurance - A Mutual Company

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : E63CB133B625490DA9A4**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1550.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Mary Todd Peterson**

Mailing Address 14280 Park Meadow Dr  
Ste 300

City Chantilly State VA Zip Code 20151-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medmarc Insurance Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : DCD0D4EDB0DD493E94B1**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John M. Petrucci**

Mailing Address 518 E Broad St

City Columbus State OH Zip Code 43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Vice President - Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 02 / 2015

**Transaction ID : 20151007152444-24**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. John M. Petrucci**

Mailing Address 518 E Broad St

City Columbus State OH Zip Code 43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Vice President - Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101612821-24**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. John M. Petrucci**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Vice President - Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : 2015102919743-24**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Laura J. Pierman**Mailing Address 26777 Halsted Rd  
Ste 100

City

Farmington Hills

State

MI

Zip Code

48331-3585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President Claims Operations &amp; Sha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : 2015101318843-20**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Laura J. Pierman**Mailing Address 26777 Halsted Rd  
Ste 100

City

Farmington Hills

State

MI

Zip Code

48331-3585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President Claims Operations &amp; Sha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : 2015101516756-20**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Dan D. Pitcher**

Mailing Address 5400 University Ave

City State Zip Code  
 West Des Moines IA 50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 FBL Financial Group Chief Operating Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1583.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : 2015101613756-23**

Amount of Each Receipt this Period

133.34

Full Name (Last, First, Middle Initial)

**B. Dan D. Pitcher**

Mailing Address 5400 University Ave

City State Zip Code  
 West Des Moines IA 50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 FBL Financial Group Chief Operating Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1583.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : 22D2C09B847946DA99E2**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**C. Albert Plessinger**

Mailing Address 5353 W Bell Rd

City State Zip Code  
 Glendale AZ 85308-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 CSAA Insurance Group Director IT Operations Center

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : 6D644E044062495CAA1C**

Amount of Each Receipt this Period

480.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1263.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeff Politte**

Mailing Address 518 E Broad St

City State Zip Code  
Columbus OH 43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Auto Insurance Companies

Occupation  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 02 / 2015

**Transaction ID : 20151007152444-25**

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Jeff Politte**

Mailing Address 518 E Broad St

City State Zip Code  
Columbus OH 43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Auto Insurance Companies

Occupation  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101612821-25**

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. Jeff Politte**

Mailing Address 518 E Broad St

City State Zip Code  
Columbus OH 43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Auto Insurance Companies

Occupation  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 30 / 2015

**Transaction ID : 2015102919743-25**

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 67 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Terry F. Price**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

**Transaction ID : 2015101613756-24**

Amount of Each Receipt this Period

35.56

Full Name (Last, First, Middle Initial)

**B. William M. Puryear**

Mailing Address 7420 Fish Pond Rd

City

Waco

State

TX

Zip Code

76710-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Manager - Insurance Company Transition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			05			2015					

**Transaction ID : 201510061780-5**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Richard W. Ramell**

Mailing Address 500 N 12th St

City

Lemoyne

State

PA

Zip Code

17043-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Branch Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

**Transaction ID : 2015100815756-8**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.56

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Richard W. Ramell**

Mailing Address 500 N 12th St

City

Lemoyne

State

PA

Zip Code

17043-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Branch Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 201510231681-8**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Michael Randall**

Mailing Address 3055 Oak Rd

City

Walnut Creek

State

CA

Zip Code

94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Senior Vice President Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : C190772AB5BC4E2AB65B**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Timothy L. Rauch**

Mailing Address 800 S Washington St

City

Van Wert

State

OH

Zip Code

45891-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Insurance Companies

Occupation

Vice President of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 6ED2DF4D27494D7ABAB2**

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

505.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 111  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael E. Ravn**

Mailing Address 3000 Schuster Ln

City State Zip Code  
Merrill WI 54452-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Church Mutual Insurance Company

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 29 2015

**Transaction ID : F07B60812314414B87BF**

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Paul E. Richards**

Mailing Address 26777 Halsted Rd

City State Zip Code  
Farmington Hills MI 48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 13 2015

**Transaction ID : 2015101318843-23**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Paul E. Richards**

Mailing Address 26777 Halsted Rd

City State Zip Code  
Farmington Hills MI 48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 15 2015

**Transaction ID : 2015101516756-23**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Debra A. Ricucci**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-24**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Debra A. Ricucci**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-24**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Doug R. Roggenbaum**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-25**

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Doug R. Roggenbaum**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

**Transaction ID : 2015101516756-25**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Todd B. Ruthruff**Mailing Address 26777 Halsted Rd  
Ste 200

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2015					

**Transaction ID : 2015101318843-26**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Todd B. Ruthruff**Mailing Address 26777 Halsted Rd  
Ste 200

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

**Transaction ID : 2015101516756-26**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. David Sampson**

Mailing Address **444 N Capitol St NW**  
**Ste 801**

City State Zip Code  
 Washington DC 20001-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PCI

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**4161.60**

Date of Receipt

**10 / 14 / 2015**

**Transaction ID : 2015101517917-43**

Amount of Each Receipt this Period

**208.08**

Full Name (Last, First, Middle Initial)

## **B. David Sampson**

Mailing Address **444 N Capitol St NW**  
**Ste 801**

City State Zip Code  
 Washington DC 20001-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PCI

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**4161.60**

Date of Receipt

**10 / 29 / 2015**

**Transaction ID : 2015102918744-41**

Amount of Each Receipt this Period

**208.08**

Full Name (Last, First, Middle Initial)

## **C. John Santulli**

Mailing Address **380 Sentry Pkwy**

City State Zip Code  
 Blue Bell PA 19422-2357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PMA Insurance Group

Occupation

Executive Vice President, Risk Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 08 / 2015**

**Transaction ID : 2015100815756-9**

Amount of Each Receipt this Period

**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**436.16**

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. John Santulli**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Executive Vice President, Risk Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 23 / 2015

**Transaction ID : 201510231681-9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Dorothy H. Schreck**

Mailing Address 6993 Pearl Rd

City

Cleveland

State

OH

Zip Code

44130-7831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Business Insurance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101612821-27**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**c. Dorothy H. Schreck**

Mailing Address 6993 Pearl Rd

City

Cleveland

State

OH

Zip Code

44130-7831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Business Insurance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 30 / 2015

**Transaction ID : 2015102919743-27**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kurt Schuhl**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Senior Vice President and Chief Claims

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : 2015100815756-10**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Kurt Schuhl**

Mailing Address 380 Sentry Pkwy

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMA Insurance Group

Occupation

Senior Vice President and Chief Claims

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : 201510231681-10**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Donald J. Seibel**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Chief Financial Officer and Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

466.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101613756-29**

Amount of Each Receipt this Period

66.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. Mark Sektnan**

Mailing Address 1415 L St  
Ste 670

City State Zip Code  
Sacramento CA 95814-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 2015101517917-45**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Mark Sektnan**

Mailing Address 1415 L St  
Ste 670

City State Zip Code  
Sacramento CA 95814-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-43**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Richard Sepp**

Mailing Address 3055 Oak Rd

City State Zip Code  
Walnut Creek CA 94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : 42409982FA48436DA458**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Patricia M. Sheveland**

Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City State Zip Code  
Bloomington MN 55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Compensation Insurance Compan

Occupation

Vice President - Product Development,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 02 / 2015

**Transaction ID : 20151007152444-29**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Patricia M. Sheveland**

Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City State Zip Code  
Bloomington MN 55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Compensation Insurance Compan

Occupation

Vice President - Product Development,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 16 / 2015

**Transaction ID : 2015101612821-29**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Patricia M. Sheveland**

Mailing Address 8500 Normandale Lake Blvd  
Ste 1400

City State Zip Code  
Bloomington MN 55437-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Compensation Insurance Compan

Occupation

Vice President - Product Development,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 30 / 2015

**Transaction ID : 2015102919743-29**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Colleen Shiel**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 2015101517917-47**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Colleen Shiel**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-45**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Christopher Shryack**

Mailing Address 5400 University Ave

City State Zip Code  
West Des Moines IA 50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.92

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : 2015101613756-31**

Amount of Each Receipt this Period

55.56

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.56

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Matthew J. Simon**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President &amp; Chief Financial Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-27**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Matthew J. Simon**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President &amp; Chief Financial Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-27**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Todd E. Simpson**

Mailing Address 800 S Washington St

City

Van Wert

State

OH

Zip Code

45891-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Insurance Companies

Occupation

Vice President Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : F07972DF55D74618AC74**

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

320.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 79 OF 111  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Amy L. Skaggs**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Personal Insurance Product Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

**Transaction ID : 20151007152444-30**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Amy L. Skaggs**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Personal Insurance Product Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101612821-30**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Amy L. Skaggs**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Personal Insurance Product Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : 2015102919743-30**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Oyango Snell**Mailing Address **444 N Capitol St NW**  
**Ste 801**

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Counsel, State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015**Transaction ID : 2015101517917-48**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Oyango Snell**Mailing Address **444 N Capitol St NW**  
**Ste 801**

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Counsel, State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015**Transaction ID : 2015102918744-46**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. David Snyder**Mailing Address **444 N Capitol St NW**  
**Ste 801**

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, International Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015**Transaction ID : 2015101517917-49**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. David Snyder**Mailing Address 444 N Capitol St NW  
Ste 801

City	State	Zip Code
Washington	DC	20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, International Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-47**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Judy A. Snyder**

Mailing Address 518 E Broad St

City	State	Zip Code
Columbus	OH	43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Personal Lines Underwriting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : 20151007152444-31**

Amount of Each Receipt this Period

47.00

Full Name (Last, First, Middle Initial)

**c. Judy A. Snyder**

Mailing Address 518 E Broad St

City	State	Zip Code
Columbus	OH	43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Personal Lines Underwriting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101612821-31**

Amount of Each Receipt this Period

47.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

144.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Judy A. Snyder**

Mailing Address 518 E Broad St

City  
ColumbusState  
OHZip Code  
43215-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Personal Lines Underwriting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : 2015102919743-31**

Amount of Each Receipt this Period

47.00

Full Name (Last, First, Middle Initial)

**B. John A. Stephens**

Mailing Address 7420 Fish Pond Rd

City  
WacoState  
TXZip Code  
76710-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : 201510061780-6**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**C. David Stice**

Mailing Address 5400 University Ave

City  
West Des MoinesState  
IAZip Code  
50266-5950FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : 2015101613756-32**

Amount of Each Receipt this Period

66.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

141.67

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. David Stoner**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Specialty - UW Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

**Transaction ID : 20151007152444-32**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. David Stoner**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Specialty - UW Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101612821-32**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. David Stoner**

Mailing Address 518 E Broad St

City

Columbus

State

OH

Zip Code

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Auto Insurance Companies

Occupation

Specialty - UW Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : 2015102919743-32**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Tim Strickler**Mailing Address **444 N Capitol St NW**  
**Ste 801**

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Manager, Political Engagement - Federa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : 2015101517917-50**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Tim Strickler**Mailing Address **444 N Capitol St NW**  
**Ste 801**

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Manager, Political Engagement - Federa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : 2015102918744-48**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Robert Sturm**Mailing Address **3055 Oak Rd**  
**MS W280**

City Walnut Creek State CA Zip Code 94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

**Transaction ID : 8450F2CE16454CCF915B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. James M. Suchara**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-28**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. James M. Suchara**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : 2015101516756-28**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Carol Ann Taylor**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President and Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 2015101318843-29**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Carol Ann Taylor**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President and Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**Transaction ID : 2015101516756-29**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Courtney Thomas**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Director, Meetings Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

**Transaction ID : 8D1BFEDF1EEF4E2A86E8**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Lori Lee Tobis**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Supervising Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**Transaction ID : 2015101318843-30**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Lori Lee Tobis**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Supervising Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**Transaction ID : 2015101516756-30**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Vangenderen**

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**Transaction ID : 2015101613756-34**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Susan G. Vincent**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President, General Counsel and Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

**Transaction ID : 2015101318843-31**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Susan G. Vincent**

Mailing Address 26777 Halsted Rd

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisure Companies

Occupation

Vice President, General Counsel and Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

**Transaction ID : 2015101516756-31**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark Wachholz**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Chief Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3130.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			14			2015					

**Transaction ID : 2015101517917-53**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Mark Wachholz**Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City

Chicago

State

IL

Zip Code

60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Chief Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3130.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			28			2015					

**Transaction ID : 60E6A12B209345BAB0E9**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

370.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. Mark Wachholz**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Chief Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3130.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-51**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. Mark Wachholz**

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Chief Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3130.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : F80B56376E9B4ADBA00F**

Amount of Each Receipt this Period

430.00

Full Name (Last, First, Middle Initial)

## **C. Duff Wallace**

Mailing Address 1800 E County Line Rd  
Ste 400

City State Zip Code  
Ridgeland MS 39157-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Farm Bureau Casualty Group

Occupation

President - Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : 7452E24869F5BAEE8CC**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5580.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 90 OF 111  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Timothy A. Walsh**

Mailing Address 344 Route 9W

City

Glenmont

State

NY

Zip Code

12077-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farm Family Casualty Insurance Company

Occupation

President, Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

**Transaction ID : 2015101615756-1**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Lincoln K. Walworth**

Mailing Address 3055 Oak Rd

City

Walnut Creek

State

CA

Zip Code

94597-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Insurance Group

Occupation

Director Investments

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**Transaction ID : F7A4191BEA6144519A3B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher E. Wasson**

Mailing Address 800 S Washington St

City

Van Wert

State

OH

Zip Code

45891-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Insurance Companies

Occupation

General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

**Transaction ID : 17111C632F37C1551AD**

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

540.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. John White**

Mailing Address 800 S Washington St

City

State

Zip Code

Van Wert

OH

45891-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Central Insurance Companies

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : 105B2A97D7FA4011A923**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. David Whitesell**

Mailing Address 518 E Broad St

City

State

Zip Code

Columbus

OH

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State Auto Insurance Companies

Claim Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : 2015101612821-34**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. David Whitesell**

Mailing Address 518 E Broad St

City

State

Zip Code

Columbus

OH

43215-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State Auto Insurance Companies

Claim Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : 2015102919743-34**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

270.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Nathaniel Wienecke**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Federal Governm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

10 / 14 / 2015

**Transaction ID : 2015101517917-54**

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B. Nathaniel Wienecke**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Federal Governm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 2015102918744-52**

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**C. Nathaniel Wienecke**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Senior Vice President, Federal Governm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

10 / 29 / 2015

**Transaction ID : 4CA12E7E8171405F996D**

Amount of Each Receipt this Period

520.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

854.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Steve E. Williams**

Mailing Address 7420 Fish Pond Rd

City

Waco

State

TX

Zip Code

76710-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Farm Bureau Insurance Companies

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			05			2015					

**Transaction ID : 201510061780-7**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**B. Suzanne E. Wilson**

Mailing Address 1 Holyoke Sq

City

Salem

State

MA

Zip Code

01970-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COUNTRY Financial

Occupation

Senior Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			06			2015					

**Transaction ID : 201510061684-3**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Joe Woods**

Mailing Address 1504 San Antonio St

City

Austin

State

TX

Zip Code

78701-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			14			2015					

**Transaction ID : 2015101517917-55**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

138.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 111

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Joe Woods**

Mailing Address 1504 San Antonio St

City

Austin

State

TX

Zip Code

78701-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, State Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

**Transaction ID : 2015102918744-53**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Robert M. Woods**

Mailing Address 1 River Pl

City

Wilmington

State

DE

Zip Code

19801-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSAA Mid-Atlantic Insurance Group

Occupation

Vice-President - Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**Transaction ID : 66B964DCFB04D4EAF32**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Robert Woody**Mailing Address 444 N Capitol St NW  
Ste 801

City

Washington

State

DC

Zip Code

20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

**Transaction ID : 2015101517917-56**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

315.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Woody**

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCI

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 2015102918744-54**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

44654.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 111

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

## **A. Property Casualty Insurers Association of America**

Mailing Address 8700 West Bryn Mawr Ave

City State Zip Code  
Chicago IL 60631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6092.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 29 2015

**Transaction ID : BBE84B6C5B824C67BF4A**

Amount of Each Receipt this Period

329.76

Offset Operating Exp Oct 2015

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

329.76

329.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 111

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago   State IL   Zip Code 60603

Purpose of Disbursement  
BoA CC Fees 10-05-2015

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015
**Transaction ID : 6437EF75F4DC89CE759**

Amount of Each Disbursement this Period

138.10

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago   State IL   Zip Code 60603

Purpose of Disbursement  
Merchant CC Fees 10-07-2015

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015
**Transaction ID : 9E0FF91075449A2D91E**

Amount of Each Disbursement this Period

119.58

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago   State IL   Zip Code 60603

Purpose of Disbursement  
Merchant CC fees 10-13-2015

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015
**Transaction ID : 5023B138819FC3D4210**

Amount of Each Disbursement this Period

39.09

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

296.77

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

### A. Bank of America

001

25.56

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B. Bank of America

Three 10x10 grids representing the months of March, December, and January. Each grid has a header row with letters and a left column with numbers. March shows the 10th, December shows the 27th, and January shows the 20th and 15th.

001

3.20

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C. Bank of America

001

4.23

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

32.99

**SUBTOTAL** of Disbursements This Page (optional).....

329.76

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Carper for Senate**

Mailing Address PO Box 2882

City	State	Zip Code
Wilmington	DE	19805

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Thomas Richard Carper**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 319FAFEA480D8A6DF6F**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Davis for Congress**Mailing Address 17 West Courtland Street  
Suite 210

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Dereck E. Davis**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 945B4701BC9B150CAB2**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Donnelly for Indiana**

Mailing Address 1050 17th St NW Ste 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
2018 General

011

Candidate Name

**Joseph Simon Donnelly Sr.**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : BE6125F423B19837289**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Donnelly for Indiana**

Mailing Address 1050 17th St NW Ste 590

City Washington	State DC	Zip Code 20036
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Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Joseph Simon Donnelly Sr.**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : F958527296EE39398F5**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends for Gregory Meeks**

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica	State NY	Zip Code 11432
-----------------	-------------	-------------------

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gregory Weldon Meeks**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : B9A659054DC17A871DB**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
2018 General

011

Candidate Name

**Sherrod Campbell Brown**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 66DC0051046CA832197**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

**A. Grassley Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Mailing Address PO Box 1000

City	State	Zip Code
Des Moines	IA	50304-1000

Purpose of Disbursement  
2016 General

011

Transaction ID : A37B4060B38AEAD9D5A

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

Charles E. Grassley

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: IA District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Grassley Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Mailing Address PO Box 1000

City	State	Zip Code
Des Moines	IA	50304-1000

Purpose of Disbursement  
2016 Primary

011

Transaction ID : D048D20BEC2BF52617C

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

Charles E. Grassley

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: IA District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement  
2018 Primary

011

Transaction ID : 38F5608DDB8063D5C87

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Orrin Grant Hatch

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Lucas for Congress**

Mailing Address PO Box 1726

City	State	Zip Code
Oklahoma City	OK	73101-1726

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Dean Lucas**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OK District: 03

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : C691719A84683B93D44**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Moore for Congress**

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement  
2016 General

011

Candidate Name

**Gwendolynne Sophia Moore**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 04

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 30A0D2D9B9DFE395C3B**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Moore for Congress**

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gwendolynne Sophia Moore**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 04

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 94F7F4D39439DEC4E31**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress**

Mailing Address POB 100

City Teaneck	State NJ	Zip Code 07666
-----------------	-------------	-------------------

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William James Pascrell Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : F0C34EBC235244AA64F**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pittenger for Congress LLC**

Mailing Address PO Box 11207

City Charlotte	State NC	Zip Code 28220-1207
-------------------	-------------	------------------------

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert M. Pittenger**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 69516B2EA5621C23A79**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Republican National Committee**

Mailing Address 310 First Street SE

City Washington	State DC	Zip Code 20003
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Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Republican National Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : BC35D856C1926A3B2BD**

Amount of Each Disbursement this Period

7500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Rounds for Senate**

Mailing Address PO Box 250

City Pierre	State SD	Zip Code 57501-0250
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Purpose of Disbursement  
2020 Primary

Candidate Name

**M. Michael Rounds**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : CD2EBA565E63E495072**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Royce Campaign Committee**

Mailing Address PO Box 3249

City Fullerton	State CA	Zip Code 92834-3249
-------------------	-------------	------------------------

Purpose of Disbursement  
2016 Primary

Candidate Name

**Edward Randall Royce**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : DB34C06CF57A6839983**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson	State LA	Zip Code 70183-3219
-------------------	-------------	------------------------

Purpose of Disbursement  
2016 Primary

Candidate Name

**Stephen Joseph Scalise**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 49D2DFA6EE20CA16ABF**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Sherman for Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Bradley James Sherman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 30FE0A2DBE048AB349E**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Terri Sewell for Congress**

Mailing Address PO Box 1964

City	State	Zip Code
Birmingham	AL	35201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Terri Andrea Sewell**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : 1C9E351E768891BEAE6**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

47500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Biggs 2016**

Mailing Address 10612 S. Greenfield Rd

City	State	Zip Code
Gilvert	AZ	85234

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : E7F9CAEB86E4A233807**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**B. Bob Worsley for State Senate**

Mailing Address P.O. box 31086

City	State	Zip Code
Mesa	AZ	85275

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : D069A1C9981CF6B3CC2**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Borrelli Senate Committee**

Mailing Address 2650 Diablo Drive

City	State	Zip Code
Lake Havasu City	AZ	86406

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : F167141A1F4AD78ABB2**

Amount of Each Disbursement this Period

300.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Elect Karen Fann Committee**

Mailing Address 5691 Hole in One Drive

City Prescott	State AZ	Zip Code 86301
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Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 3DB8A5BD63F239DCC89**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Elect Vince Leach 16**

Mailing Address 62927 E. Harmony Drive

City Tucson	State AZ	Zip Code 85739
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Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 6A9AA09D018C8669F0B**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Farnsworth For Senate 2016**

Mailing Address 9912 E. University Dr.

City Mesa	State AZ	Zip Code 85207
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Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 992FEC04919B9766C48**

Amount of Each Disbursement this Period

200.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kenneth Sheets for State Representative**Mailing Address 6333 E. Mockingbird Lane  
Suite 147 PMB 869

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : 8360E59700CDC94DF68**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Lovas for Arizona 2016**

Mailing Address 7197 W. Mariposa Grande Ln

City Peoria State AZ Zip Code 85383

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : 65C62E99547B4D3C271**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**C. Michigan Values Leadership Fund**

Mailing Address P.O. Box 261

City DeWitt State MI Zip Code 48810

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : D59566CA7C5D9EB8C84**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Mike Turzai Leadership fund**

Mailing Address P.O. Box 721

City	State	Zip Code
Wexford	PA	15090

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2015

**Transaction ID : 62BECE32663822E710D**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Morgan Meyer for Texas**Mailing Address 1005 Congress Avenue  
Suite 910

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2015

**Transaction ID : 30E6D40228D977893B8**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Robson 2016**

Mailing Address 2713 W. Oakgrove Ln

City	State	Zip Code
Chandler	AZ	85224

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2015

**Transaction ID : 99D008ACE485A9EEA65**

Amount of Each Disbursement this Period

200.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. The Pat McCrory Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Mailing Address P. O. Box 98027

City	State	Zip Code
Raleigh	NC	27624

**Transaction ID : 49DB87650F3C695566D**Purpose of Disbursement  
Nonfederal Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Tobash for a Better 125th**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Mailing Address P.O. Box 52

City	State	Zip Code
Cressona	PA	17929

**Transaction ID : 9771AD4AB1CC89257FD**Purpose of Disbursement  
Nonfederal Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00
--------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Vote Livingston LD 22 2016**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Mailing Address 9559 W. Menadota Drive

City	State	Zip Code
Peoria	AZ	85382

**Transaction ID : DD48EAA6448FBC9DB09**Purpose of Disbursement  
Nonfederal Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00
--------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Weninger For AZ.**

Mailing Address 1360 S. Camellia Ct.

City	State	Zip Code
Chandler	AZ	85286

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : BDF1D8B808FF07CB169**

Amount of Each Disbursement this Period

200.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00
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7200.00
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